

Data Collection Training Individual Non-Core Participant Data (Profile)

Statewide Data Collection
and Evaluation of First 5
California Funded
Programs



Goals of Training

- To define “individual non-core (INC) participant.”
- To understand what kind of data are collected about an individual non-core participant.
- To learn how to use the INC Participant Client Profile (for child or adult).

Individual Non-Core (INC) Participant Definition

An individual (i.e., a child age 0 to 5 or the guardian of such a child) being served by a First 5 funded program whose service information is being tracked.

The type of information collected about an INC participant includes:

- Consent to participate
- Demographic information
- Services received

What questions can INC participant data answer?

- How many Spanish-speaking children received child development services?
- What percentage of children who received health services from First 5 programs were under the age of 3?
- What percentage of direct service contacts were with children ages 3 to 5? What percentage were with children identified as Latino?
- How many children have been identified with disabilities or other special needs at entry into First 5 services?

INC Participant Profile purposes

- To document the date of client consent.
- To document the date of initial First 5 service delivery.
- To collect identifying information about a participant to create a unique, unduplicated record.
 - Once an INC client record is set up, each service delivered to the client can be documented.

To document each service an INC client receives, an INC service data collection tool must be completed.*

*Refer to the *INC / Core Service Data Collection Tool* for collection of service data.

INC Participant Consent to Participate Reminders

- The consent/authorization form must be signed by the parent or the child's legal guardian prior to completing the client profile.
- The consent/authorization form is available in multiple languages.
- Program staff must retain a signed original and give a copy of the consent to the participant.
- The consent is effective for 10 years, unless revoked by the participant before then.

INC Participant

Collection of personal information

Data elements include:

- Identifying information as prescribed by AB 99 legislation
 - Name
 - Date of birth
 - Gender
 - Place of birth
 - Mother's first name
- Demographic information
 - Ethnicity
 - Primary language
- Zip code of residence
- Address and phone number (optional)

INC Participant Example

Mrs. Kim conducts home visits for parents to provide parent education and family literacy programs.

In July, she began meeting with an English-speaking Asian adult and completed an INC client profile.

INC Participant

Client profile (for child or adult)

Enter the **program name**.

Individual Non-Core Participant Module Client Profile (for Child or Adult)

Program Name: Mayberry Resource Center

Client's <u>first</u> name as it appears on birth certificate: Jennifer		Client's <u>middle</u> name: <i>(optional)</i>	
Client's current <u>last</u> name: Nguyen		Client's <u>maiden</u> name (if applicable): <i>(optional)</i>	
Mother's <u>first</u> name: Susan	Client's date of birth: 07 / 01 / 2001	Client gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Place of Birth: <input checked="" type="checkbox"/> If born in California, specify <u>county</u> : San Francisco		Note: if client declines to specify place of birth, you may note as "unknown" under any category	
<input type="checkbox"/> If born in other U.S. state, specify <u>state</u> : _____			
<input type="checkbox"/> If born in other country, specify <u>country</u> : _____			

INC Participant

Client profile (for child or adult)

Enter the **client's first and last name** (middle name is optional.)

Individual Non-Core Participant Module Client Profile (for Child or Adult)

Program Name: Mayberry Resource Center

Client's <u>first</u> name as it appears on birth certificate: Jennifer		Client's <u>middle</u> name: <i>(optional)</i>	
Client's current <u>last</u> name: Nguyen		Client's <u>maiden</u> name (if applicable)	
Mother's <u>first</u> name: Susan	Client's date of birth: 07 / 01 / 2001	Client's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth: <input checked="" type="checkbox"/> If born in California, specify <u>county</u> :		San Francisco	
<input type="checkbox"/> If born in other U.S. state, specify <u>state</u> :			
<input type="checkbox"/> If born in other country, specify <u>country</u> :			

**Do not enter
nicknames or
partial first
names (i.e., Jen
for Jennifer)**

place of birth, you
may note as
"unknown" under
any category

INC Participant

Client profile (for child or adult)

Individual Non-Core Participant Module Client Profile (for Child or Adult)

Program Name: Mayberry Resource Center

Client's <u>first</u> name as it appears on birth certificate: Jennifer		Client's <u>middle</u> name: <i>(optional)</i>	
Client's current <u>last</u> name: Nguyen		<i>(optional)</i>	
Mother's <u>first</u> name: Susan	Client's date of birth: 07 / 01 / 2001	Client gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Place of Birth: <input checked="" type="checkbox"/> If born in California, specify <u>county</u> : San Francisco		Note: if client declines to specify place of birth, you may note as "unknown" under any category	
<input type="checkbox"/> If born in other U.S. state, specify <u>state</u> : _____			
<input type="checkbox"/> If born in other country, specify <u>country</u> : _____			

Enter the first name of the client's mother.

INC Participant

Client profile (for child or adult)

Individual Non-Core Participant Module Client Profile (for Child or Adult)

Program Name: Mayberry Resource Center

Client's <u>first</u> name as it appears on birth certificate: Jennifer		Client's <u>middle</u> name (if applicable): 	
Client's current <u>last</u> name: Nguyen		Client's <u>ma</u> name (if applicable): <i>(optional)</i> 	
Mother's <u>first</u> name: Susan	Client's date of birth: 07 / 01 / 2001	Client gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Place of Birth: <input checked="" type="checkbox"/> If born in California, specify <u>county</u> : San Francisco		Note: if client	
<input type="checkbox"/> If born in other U.S. state, specify <u>state</u> : 			
<input type="checkbox"/> If born in other country, specify <u>country</u> : 		"unknown" under any category	

Enter the **client's date of birth**.

Select the **client's gender**.

INC Participant

Client profile (for child or adult)

Enter the client's **place of birth**.

- If born within California, specify the county.
- If born outside of California, specify the state.
- If born outside of the United States, specify the country.

If the person declines to state the place of birth, indicate "unknown".

Source Center		middle name: (optional)	
on birth certificate		maiden name (if applicable): (optional)	
Client's date of birth: 07 / 01 / 2001		Client gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Place of Birth: <input checked="" type="checkbox"/> If born in California, specify <u>county</u> : San Francisco		Note: if client declines to specify place of birth, you may note as "unknown" under any category	
<input type="checkbox"/> If born in other U.S. state, specify <u>state</u> : _____			
<input type="checkbox"/> If born in other country, specify <u>country</u> : _____			

INC Participant

Client profile (for child or adult)

Enter the **address** and **phone number** of the client if available (optional).

Enter the **zip code**.

Street Address: <i>(optional)</i> 1234 Happy Lane		
City, State: <i>(optional)</i> Mayberry, CA	Zip code: 91234	
Phone number: <i>(optional)</i> (222) 123-4567	Consent date: 07 / 05 / 2005	Date of first service: 07 / 05 / 2005

Enter the **date** the consent form was signed.

Enter the client's **date of first service**.

INC Participant

Client profile (for child or adult)

Select the **ethnicity** of the client.
You can select multiple categories.

Ethnicity (check *all* that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Alaska Native or American Indian | <input type="checkbox"/> Black/African-American | ➤ Pacific Islander |
| ➤ Asian | ➤ Hispanic/Latino | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Mexican, Mexican-American, Chicano | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Cuban | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Central American | <input type="checkbox"/> White |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Hispanic/Latino | <input type="checkbox"/> Other: specify _____ |
| <input type="checkbox"/> Korean | | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Vietnamese | | |
| <input type="checkbox"/> Other Asian | | |

(For child only) Has this child been identified with any disabilities or special needs?

- ☐ Yes ☒ No ☐ Unknown

Indicate whether the child has been **identified with any disabilities or special needs.**

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03/17/06

INC Participant Profile Summary

- A signed consent **must** be obtained prior to collecting INC participant profile information.
- Individual non-core participants can be either a guardian or a child age 0 to 5.
- Use the *INC Participant Client Service Data Tool* to document each service delivered to all INC client.